STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001132	A. BUILDING _____ B. WING _____	C 10/04/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING CLUB	**6038 W 25TH ST INDIANAPOLIS, IN 46224**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00115967 and Complaint IN00116785. Complaint IN00115967 unsubstantiated due to lack of evidence. Complaint IN00116785 unsubstantiated due to lack of evidence. Survey date: October 4, 2012 Facility number: 001132 Provider number: 001132 AIM number: N/A Survey team: Joyce Hofmann, RN Census bed type: Residential: 48 Total: 48 Census payor type: Other: 48 Total: 48 Sample: 3 Independent Living Club was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00115967 and Complaint IN00116785. Quality review completed 10/9/12 Cathy Emswiller RN	R 000		